



CORRECT SITE SURGERY/PROCEDURES

SUCCESSFUL PRACTICES IN GEORGIA

MONITORING FOR COMPLIANCE

Essential Elements to Ensuring Compliance with Correct Site Surgery/Procedures

Rationale: Once procedures are developed and staff and physicians have been trained, the hospital should have a mechanism to ensure that the established procedures are consistently followed.

Hospitals should develop and maintain processes for monitoring for staff compliance with required safety procedures. For Correct Site Surgery/Procedures, this includes monitoring for correct patient identification, surgical site marking, and use of “time-out”.

1. Monitoring for compliance should include systems to provide **ongoing audit/review of documentation** for patient identification, site marking and “time-out” performance requirements.

Suggestions:

- Monitor documentation of patient safety functions for all areas of the hospital.
 - Design effective forms that provide space for documentation of treatment requirements
 - Include mechanisms for analysis of performance for specific areas of the hospital, for individual performance, and for specific procedures, as well as for overall organization compliance.
2. Monitoring for compliance should include an organized system for **ongoing direct observation** of staff compliance for patient identification, site marking and “time-out” performance requirements.

Suggestions:

- Monitor by direct observation on a regular basis in all areas of the organization where surgical and or invasive procedures are performed
 - Document monitoring by direct observation in a way that is sufficient to provide information to analyze and provide feedback of compliance by unit and by healthcare provider.
 - Individual(s) who do direct observation monitoring ***need training on how to effectively perform the monitoring activities*** prior to beginning their observation/audits. Hospitals report that training is key to implementing effective direct observation monitoring programs.
3. Provide feedback about compliance on a regular basis to staff, physicians, administration, and the board of directors.
 4. Implement system changes when monitoring uncovers non-compliance. Include all staff, including physicians, in the change process.



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TIPS FOR IMPLEMENTATION:

- Some Georgia hospitals currently utilize their unit managers (e.g. OR supervisors) or administrators for direct observation of staff compliance as part of their supervisory responsibilities.
- Some hospitals assign personnel from other units to monitor for compliance, or use the Performance Improvement Coordinators or Safety Officers who are responsible for quality and patient safety.
- Some hospitals have volunteer programs enlisting staff to be Patient Safety Coaches to monitor and report findings.
- Some hospitals prefer to utilize persons who staff may not suspect are actively involved in monitoring (staff who may be in the area anyway for other duties); others identify the monitors.
- Direct monitoring activities include:
 - Walk-through observations
 - Spot checks
 - Interviews with involved staff immediately following procedures.
- Create a non-threatening system for staff to report non-compliance without fear of reprisal. The environment should encourage reporting as a safety improvement responsibility.
- Establish a non-punitive system for addressing individual compliance concerns. Consider using a peer-to-peer method (physician to physician, nurse to nurse).
- The hospital's monitoring mechanisms should include **both** the monitoring of documentation **and** an established and organized system for direct observation of staff performance.
- Consider including a question in any post-procedure patient questionnaire regarding whether the patient participated in site-marking or patient identification/verification activities.

Remember: Monitoring is essential to defining the scope of compliance or noncompliance, and the key to determining if corrective steps need to be taken and with whom.

These strategies are a compilation of certain methods or procedures that were found to be effective when implemented by some hospitals. They may incorporate certain standards of accrediting agencies such as JCAHO but are not intended to establish a legal standard of care. A hospital may wish to consult with their own attorney to determine if there are any additional criteria that they should consider in order to comply with applicable federal and state laws.